## SCHEDULE B (FEC Form 3X)

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check onl	NUMBER: PAGE ///			8/		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 ) 28a	23 28b	24 28c	25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							ıs	
NAME OF COMMITTEE (In Full)	and address of any pointed CO		mon continut	110113 IIU	iii Sucii (	Johnniee		
Caremark Rx Inc. Employees Political Acti	on Committee							
Full Name (Last, First, Middle Initial)			Transac	tion ID:	60330.I	E517		
Friends of Lois Capps (D-CA)			Date of Disbursement					
Mailing Address 38 Ivy Street Southeast			0 3	0	8 /	ŽOŎ	6	
•	State Zip Code DC 20003-4006		Amount	of Each	Disburse	ement this	Period	
Washington Purpose of Disbursement	20003-4006					1000.	00	
Turpose of Biobardement								
Candidate Name LOIS CAPPS		Category/ Type						
X	ment For: 2006							
Senate X President	Primary General Other (specify) ▼							
State: CA District: 23	(-  <b>/</b> / <b>\</b>							
Full Name (Last, First, Middle Initial)			Transac	tion ID:	60330.I	<b>Ξ510</b>		
Friends of Kent Conrad			Date of I		ment			
Mailing Address 122 Maryland Avenue NE c/o Tracey Buckman			03	<sup>/</sup> 2	1 /	ŽOŎ	5 <sup>Y</sup>	
City Washington	State Zip Code DC 20002-		Amount	of Each	Disburse	ement this I	Period	
Purpose of Disbursement	20002-					1000.	00	
Candidate Name KENT CONRAD		Category/ Type						
X Senate	ment For: 2006 Primary X General							
President State: ND District: 00	Other (specify)							
Full Name (Last, First, Middle Initial)			Transac	tion ID:	60330 I	=533		
Democratic Congressional Campaign Cmte			Date of I	Disburse	ment			
Mailing Address Speakers Club Membership Attn: Lane Luskey			0 3	<sup>′</sup> 0	8 /	ŹOŎ	8 <sup>Y</sup>	
	State Zip Code DC 20003-		Amount	of Each	Disburse	ment this	Period	
Purpose of Disbursement CONTRIBUTION TO NATIONAL PARTY CMTE			L			15000.	00	
Candidate Name		Category/ Type						
Office Sought: House Disburse Senate	ment For:  Primary General		CONTR PARTY	IBUTIC CMTF	OT N	NATIONA	L	
President X State: District: Other	Other (specify)			J L				
SUBTOTAL of Disbursements This Page (optional)						17000.	00	
					-			
<b>TOTAL</b> This Period (last page this line number only)								